



State of New Hampshire

2012 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2012

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 11/07/2012

Business ID: 423600

William M. Gardner

Secretary of State

SOUTHEAST BUSINESS NETWORK, INC.

ONE STILES ROAD, SUITE 103

SALEM, NH 03079

ADDRESS OF PRINCIPAL OFFICE:

ONE STILES ROAD, SUITE 103

SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

HOWIE, MARY M, ESQ

ONE STILES ROAD, SUITE 105

SALEM, NH 03079

ENTITY TYPE: CORPORATION

BUSINESS ID: 423600

STATE OF DOMICILE: NEW HAMPSHIRE

PROVISIONS FOR THE LIMITATION OR DENIAL OF PREEMPTIVE
RIGHTS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Edward J Howie**
STREET **1 Stiles Road, Suite 103**
CITY/STATE/ZIP **Salem Nh 03079**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Edward J Howie**
STREET **1 Stiles Road, Suite 103**
CITY/STATE/ZIP **Salem Nh 03079**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Edward J. Howie

Please print name and title of signer:

Edward J. Howie

/

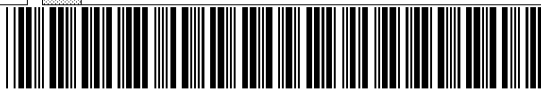
PRESIDENT

NAME

TITLE

FEE DUE: **\$150.00**

E-MAIL ADDRESS (OPTIONAL):



042360020121506

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529